

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER ~ CREDIT CARD

I hereby authorize and request the City of Louisville (CITY) to receive payment of amounts owed by me for utility charges to CITY on or after the due date by initiating charges to my credit/debit card at the Card Company (CARD) indicated below. I hereby authorize and request CARD to accept any charges initiated by CITY and to charge the same to my account without liability for the correctness of entries.

Utility Billing Account Nu	mber			
Customer Name				
Service Address				
Mailing Address				
City	ty State Zip Code			Daytime Phone No.
Notification to CITY shall but the control of the c	e effective upon receipt.	e CITY and CARD to stop		days prior written notice to CITY. he entry or make any adjustments
Customer Signature			Date	
Please check the type of bank card you are using: Visa Card Company: (Name)			MasterCard (Phone Number)	
(Mailing Address)(City, State, Zip)				
Name As it Appears on the	e Card:			
Card Number:			Expiration Date:	
CSV # (last 3 digits on back of card) DO NOT WRITE BELOW LINE			FOR CITY OF LOUISVILLE USE ONLY	
Cycle			Custo	mer Number